



WINNING TEAMS GRANTS APPLICATION

Please complete the following application using the instructions provided on the last page of this application. Attach additional pages if necessary.

Name of Applicant: _____

Address: _____

Phone: (____) _____ E-mail: _____

Contact 1 _____

Name

Phone

Contact 2 _____

Name

Phone

Federal Tax ID # or Social Security #: _____

TOTAL GRAND FUNDING REQUEST: \$ _____

ELIGIBILITY REQUIREMENTS

Please answer the following questions to determine if your team is eligible for City grant funds:

	Y	N
Are all participants on the team 18 years of age or younger?	<input type="checkbox"/>	<input type="checkbox"/>
Is the group or team organized as a non-profit corporation or agency?	<input type="checkbox"/>	<input type="checkbox"/>
Is this request for grant funding being made prior to the date of the event?	<input type="checkbox"/>	<input type="checkbox"/>
Are at least 90% of the participants in the group or team residents of Carlsbad?	<input type="checkbox"/>	<input type="checkbox"/>
Has this team received less than three (3) years of grants from the City? (If yes, please note below the number of years you have received grants from the City, if any)	<input type="checkbox"/>	<input type="checkbox"/>
Will the grant be used to offset the cost of travel to a national championship/ competition?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to all of the above questions, your request is eligible for this grant program. If you answered no to any of the questions, please contact Courtney Enriquez at the City of Carlsbad (760-434-2812) to further discuss your eligibility for the winning teams grant.

REQUEST DESCRIPTION *(if necessary, please attach supplemental pages to document)*

Applicant Background

Name of Team (if different than applicant name): _____

What type of group/team (e.g. baseball, debate, rugby): _____

Number of group/team members: _____

Number of Coaches: _____

Affiliated organization: _____

Name of the event attending: _____

Location of event: _____

Estimated cost per individual: \$ _____

Estimated cost for entire group/team: \$ _____

Please list the years in which your team has received prior funding from the City: _____

Names of Officers and Board of Directors (if applicable):

Name	Title

Describe your group/team:

How will a grant to your group/team benefit the Carlsbad community or provide citywide interest?

FINANCIAL CAPABILITIES/BUDGET

Do you have any additional funding opportunities (i.e. corporate or private sponsors, matching grants, family or individual contributions, or other fundraising efforts such as car washes) currently committed or pending? Please include any financial support (including in-kind services) that you will be receiving from any other City source. Please complete the information below:

Name	Percentage of financial contribution towards goal
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

Please include a budget for program request including funding schedule.

CERTIFICATION

We, the undersigned, do hereby attest that the above information is true and correct to the best of our knowledge. **(Two signatures required)**

_____	_____	_____
Signature	Title	Date

_____	_____	_____
Signature	Title	Date

SUPPLEMENTAL INFORMATION & ALTERNATIVE FORMAT

Please submit this application together with a written request (cover letter) to the City Council stating the amount of funding requested and state the intended use for this funding.

City of Carlsbad will provide written materials in alternative formats and reasonable modifications in policies and procedures to persons with disabilities upon request.

RETURN COMPLETED APPLICATION

Please hand deliver, U.S. mail, e-mail or fax completed application packet together with your cover letter to:

City of Carlsbad
Housing and Neighborhood Services
2965 Roosevelt Street, Ste. B
Carlsbad, CA 92008
Attn: Courtney Enriquez

Telephone Number: 760-434-2812

Fax Number: 760-720-2037

E-mail: Courtney.Enriquez@carlsbadca.gov